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APPLICANTS

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**** CONTINUING DATA** *TYL***** FOREIGN APPLICATIONS** *TYL***IF REQUIRED, FOREIGN FILING LICENSE
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>John H. Sharpe</i> <i>TYL</i>	Examiner's Signature <i>John H. Sharpe</i>	Initials <i>TYL</i>		

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